

**PERSONAL SERVICE AGREEMENT**

CO-802A REV. 2/2000 (Electronic Version)

STATE OF CONNECTICUT  
OFFICE OF THE STATE COMPTROLLER  
ACCOUNTS PAYABLE DIVISION

1. PREPARE 5 COPIES.
2. THE STATE AGENCY AND THE CONTRACTOR AS LISTED BELOW HEREBY ENTER INTO AN AGREEMENT SUBJECT TO THE TERMS AND CONDITIONS STATED HEREIN AND/OR ATTACHED HERETO AND SUBJECT TO THE PROVISIONS OF SECTION 4-98 OF THE CONNECTICUT GENERAL STATUTES AS APPLICABLE.
3. ACCEPTANCE OF THIS CONTRACT IMPLIES CONFORMANCE WITH TERMS AND CONDITIONS SET FORTH AT SHEET 2 OF THIS FILE, AS ATTACHED HERETO AND INCORPORATED BY REFERENCE.

<b>CONTRACTOR</b>		(1) <input type="checkbox"/> ORIGINAL <input type="checkbox"/> AMENDMENT		(2) IDENTIFICATION NO.
		(3) CONTRACTOR NAME		(4) ARE YOU PRESENTLY A STATE EMPLOYEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
		CONTRACTOR ADDRESS		CONTRACTOR FEIN / SSN - SUFFIX
<b>STATE AGENCY</b>		(5) AGENCY NAME AND ADDRESS Connecticut Siting Council, 10 Franklin Square, New Britain, CT 06050		
		(6) AGENCY NO. 2405		

<b>CONTRACT PERIOD</b>	(7) DATE (FROM)	THROUGH (TO)	(8) INDICATE	NO. _____	<input type="checkbox"/> MASTER AGREEMENT <input type="checkbox"/> CONTRACT AWARD <input type="checkbox"/> NEITHER
		06/01/06			
<b>CANCELLATION CLAUSE</b>	THIS AGREEMENT SHALL REMAIN IN FULL FORCE AND EFFECT FOR THE ENTIRE TERM OF THE CONTRACT				(9) REQUIRED NO. OF DAYS WRITTEN NOTICE:
	PERIOD STATED ABOVE UNLESS CANCELLED BY THE STATE AGENCY, BY GIVING THE CONTRACTOR WRITTEN NOTICE OF SUCH INTENTION. (REQUIRED DAYS NOTICE SPECIFIED AT RIGHT).				

<b>COMPLETE DESCRIPTION OF SERVICE</b>	(10) CONTRACTOR AGREES TO: (Include special provisions - Attach additional blank sheets if necessary.)				
	See Section 4 of Attachment A.				

<b>COST AND SCHEDULE OF PAYMENTS</b>	(11) PAYMENT TO BE MADE UNDER THE FOLLOWING SCHEDULE UPON RECEIPT OF PROPERLY EXECUTED AND APPROVED INVOICES.				

(12) ACT. CD.	(13) DOC. TYPE	(14) COMM. TYPE	(15) LSE. TYPE	(16) ORIG. AGCY.	(17) DOCUMENT NO.		(18) COMM. AGCY.	(19) COMM. NO.	(20) VENDOR FEIN / SSN - SUFFIX		
(21) COMMITTED AMOUNT				(22) OBLIGATED AMOUNT				(23) CONTRACT PERIOD (FROM/TO)			
(24) ACT. CD.	(25) COMM. LINE NO.	(26) COMMITTED AMOUNT	(27) COMM. AGENCY	(28) COST CENTER		(29) OBJECT	AGENCY TAIL			(33) F.Y.	
				FUND	SID		(30) FUNCTION	(31) ACTIVITY	(32) EXTENSION		

An individual entering into a Personal Service Agreement with the State of Connecticut is contracting under a "work-for-hire" arrangement. As such, the individual is an independent contractor, and does not satisfy the characteristics of an employee under the common law rules for determining the employer/employee relationship of Internal Revenue Code Section 3121 (d) (2). Individuals performing services as independent contractors are not employees of the State of Connecticut and are responsible themselves for payment of all State and local income taxes, federal income taxes and Federal Insurance Contribution Act (FICA) taxes.

<b>ACCEPTANCES AND APPROVALS</b>		(34) <b>STATUTORY AUTHORITY</b>
(35) CONTRACTOR (OWNER OR AUTHORIZED SIGNATURE)		TITLE _____ DATE _____
(36) AGENCY (AUTHORIZED OFFICIAL)		TITLE _____ DATE _____
(37) OFFICE OF POLICY & MGMT./DEPT. OF ADMIN. SERV.		TITLE _____ DATE _____
(38) ATTORNEY GENERAL (APPROVED AS TO FORM)		DATE _____

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